

2016 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163s

Region: 11

Center #: 15

SECTION A: CENTER ORGANIZATION

1. Center Name: GREENWOOD PRESCHOOL

2. Mailing Address

Street: 6525 BELCREST ROAD, ROOM G-90

3. City: HYATTSVILLE

4. State: MD Zip: 20782

5. Telephone: (301) 458-4860 Fax: 301-458-4863

6. E-mail address: greenwoodschooldmd@verizon.net

7. Center website: www.greenwoodschooldmd.org

8. Center Management/Corporate Name: Greenwood School, Inc.

9. The Provider is (pick one): 3. Independent for-profit orga ▼

10. What date did the **Current Provider** begin operations at this child care center? 9/1/1987 (mm/dd/yyyy)

11. Center Director's Name: (b) (6)

12. Current Center Director's starting date as the Director at this child care center: 9/1/1987 (mm/dd/yyyy)

SECTION B-1: DAILY OPERATIONS

1. Operating Hours, center is open from a.m. to p.m. Time format: (HH:MM)
2. Total open hours a day: 10 Hours and 30 Minutes (*System Calculated*)
3. Ages accepted at this time (do not show ages for programs not operating on 01/01/2016, e.g., summer program for school-agers) (answer in months):
 - A. YOUNGEST: months
 - B. OLDEST: months
4. How many days per year is the center closed in addition to 10 Federal Holidays ?

If you have additional days please provide an explanation:

Classroom preparation, deep cleaning and winter break

SECTION B-2: ENROLLMENT FIGURES AS OF 01/01/2016

1. GSA/NAEYC capacity:
2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
(b) (4)	2
	1
	25
	5
	2
	2
	4

School-agers	(b) (4)					
Sub Total	135	(b) (4)				3
Total		126	11	234		

SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly** Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children	Federal Weekly Rates		Non-Federal Weekly Rates	
	Full Time	Part Time	Full Time	Part Time
Infants	(b) (4)			
Young Toddlers				
Older Toddlers				
Pre-School				
Before and After School Care				
Kindergarten Full Time				

2. The period covered by center's most recent 12-month budget/annual report is

from 01/01/2015 (mm/dd/yyyy) to 12/31/2015 (mm/dd/yyyy):

◦ Total Income for period covered above: \$ (b) (4)

◦ Total Expenses for Director/Staff Salaries and Benefits for period covered above: \$ (b) (4)

- Total Center Expenses including salaries and benefits for period covered above: \$ (b) (4)

Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

SECTION C-2: TUITION ASSISTANCE

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is not a federal agency)

Federal Agencies Providing Tuition Subsidy	# of Children Receiving Subsidy
--	---------------------------------

2. How many **Military Children** received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	(4)

3. Center & Board Tuition Assistance

Funds Received	CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds received from the following sources between 01/01/2015 and 01/01/2016	(b) (4)				

Funds Distributed	CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds distributed from the following sources between 01/01/2015 and 01/01/2016	(b) (4)				

SECTION D-1: GENERAL STAFF INFORMATION

- DIRECTOR

Director's Experience in Administration:

(b) (4) years

Director's Experience in Early Childhood Education:

(b) (4) years

- STAFF TURNOVER, SALARIES & EDUCATION

1. How many total staff members have left the Center between 01/01/2015 and 01/01/2016 ? (b) (4) (this includes all staff: part time, full time, teachers, assistants and admin)

2. How many **teaching staff (only)** have left the Center between 01/01/2015 and 01/01/2016 ? (b) (4)

SECTION D-2: STAFF BENEFITS

Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	<input checked="" type="checkbox"/>	(b) (4) % of Premium	(b) (4)	(b) (4) % of Premium	(b) (4)
Paid Vacation Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4)	(b) (4) Days Per Year	(b) (4)
Paid Sick Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4)	(b) (4) Days Per Year	(b) (4)

Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	<input checked="" type="checkbox"/>	(b) (4)	(b) (4)	(b) (4)
Educational Benefits to Full Time Employee? (Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)	<input checked="" type="checkbox"/>	<input type="text"/> Dollars Per Year	(b) (4)	<input type="text"/> Dollars Per Year
Paid Planning time?(Other than nap time)	<input checked="" type="checkbox"/>	<input type="text"/> Hours per year	(b) (4)	<input type="text"/> Hours per year
If there is other Benefits Offered, please specify: (b) (4)				

SECTION D-3: STAFF LIST

In the table below, please list all staff as of 01/01/2016. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these position titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Highest Education Level	Hourly Rate(\$) (<=\$100)
(b) (4)					

(b) (4)

• **ACCREDITATION**

1. Is the Center accredited? ☒ Yes ☐ NO
2. What is the Center's Accreditation Expiration Date? 09/01/2018 (mm/dd/yyyy)
3. What is your NAEYC center ID number? 120195

• **INSURANCE**

4. What is the aggregate total of the comprehensive liability insurance for your center? \$ (b) (4)
5. Do children have accident protection insurance at the Center? ☒ Yes ☐ NO

• **LOCAL LICENSING**

6. Who licenses your center? Specify State/City/County: MD State DHR
7. On what date does this license expire? 06/30/2016 (mm/dd/yyyy)
8. Date of last licensing visit? 05/15/2015 (mm/dd/yyyy)

SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 01/01/2016? (b) (4)
2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?
(b) (4)
If yes, please explain:
(b) (4)
3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?
(b) (4)

4. If yes for Question 3, Please list Changes.

(b) (4)

SECTION E-3: SERVICES & CENTER MEALS

1. Check below the programs you are offering in your center.

- | | |
|---|---|
| <input type="checkbox"/> Back Up/Emergency | <input checked="" type="checkbox"/> Summer Program for school-agers |
| <input type="checkbox"/> Before/After School | <input checked="" type="checkbox"/> State (or local government)-approved Kindergarten |
| <input type="checkbox"/> Moderately Sick Child Care | <input type="checkbox"/> Other Programs |

*If **other** special programs are offered by your center, please specify.*

2. Check what meal, snacks and services are INCLUDED in tuition:

- | | | |
|---|---|---|
| <input type="checkbox"/> Breakfast | <input checked="" type="checkbox"/> Morning Snack | <input type="checkbox"/> Lunch |
| <input checked="" type="checkbox"/> Afternoon Snack | <input type="checkbox"/> Diapers | <input type="checkbox"/> Other Services |

*If **other** services are provided, please specify.*

3. Are meals catered? ☐ Yes ☒ NO ☐ N/A

4. If meals are NOT catered, do you prepare meals on-site? ☐ Yes ☒ NO

5. Do parents provide lunch? ☒ Yes ☐ NO

6. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program?

☐ Yes ☒ NO

7. If yes to Question 6, what is the annual reimbursement amount? \$

0

SECTION E-4: EMERGENCY PLANNING

1. Between 01/01/2015 and 01/01/2016, how many did you have of the following:

- Fire drills?

(b) (4)

- Evacuation drills to your remote evacuation site?

(b) (4)

- Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)?

(b) (4)

- Actual evacuations?

(b) (4)

2. Date your Occupancy Emergency Plan (OEP) was last updated? 12/08/2015 (mm/dd/yyyy)

SECTION E-5: GSA Training Opportunities

1. What training topics would the board of directors, the provider, and the staff be most interested in attending?

(Please limit your answer to 1000 characters!)

(b) (4)

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2017 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11

Center #: 15

SECTION A: CENTER ORGANIZATION

1. Center Name: GREENWOOD PRESCHOOL

2. Mailing Address

Street: 6525 Belcrest Road, G-90

3. City: Hyattsville

4. State: MD Zip: 20782

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7. Center website: www.greenwoodschooldmd.org

8. Center Management/Corporate Name: Greenwood School, Inc.

9. The Provider is (pick one): 3. Independent for-profit orga ▼

10. What date did the **Current Provider** begin operations at this child care center? 9/1/1987 (mm/dd/yyyy)

11. Center Director's Name: (b) (6)

12. Current Center Director's starting date as the Director at this child care center: 9/1/1987 (mm/dd/yyyy)

SECTION B-1: DAILY OPERATIONS

- Operating Hours, center is open from a.m. to p.m. Time format: (HH:MM)
- Total open hours a day: 10 Hours and 30 Minutes (*System Calculated*)
- Ages accepted at this time (do not show ages for programs not operating on **01/01/2017**, e.g., summer program for school-agers) (answer in months):
 - YOUNGEST: months
 - OLDEST: months
- How many days per year is the center closed **in addition to 10 Federal Holidays** ?

If you have additional days please provide an explanation:

Classroom preparation, deep cleaning and winter break

SECTION B-2: ENROLLMENT FIGURES AS OF 01/01/2017

- GSA/NAEYC capacity:
- Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
(b) (4)	1
	5
	5
	3
	2
	1
	5

(b) (4)	2
	2
	4
	2
	1
	1
	4
	1
	1
	15
	2
	1
	1
	2
	2
	1
	1
	2
	2
	1
	1
	1
	5
	2
	1
	1
	1
Total # of Children : 82	

3. Enrollment Figure Table:

Age Of Children	Total # of Spaces	Full Time Enrollment		Part Time Enrollment		# of Children in Waiting List		# of Vacancies
		Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	
Infants	(b) (4)							
Young Toddlers								
Older Toddlers								
Preschoolers								
School-agers								
Sub Total	135	(b) (4)						7
Total		123		10		127		

SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly** Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children	Federal Weekly Rates		Non-Federal Weekly Rates	
	Full Time	Part Time	Full Time	Part Time
Infants	\$	\$	\$	\$
	(b) (4)			
Young Toddlers	\$	\$	\$	\$
	(b) (4)			
Older Toddlers	\$	\$	\$	\$
	(b) (4)			

Pre-School	\$	\$	\$	\$
	(b) (4)			
Before and After School Care	\$	\$	\$	\$
	(b) (4)			
Kindergarten Full Time	\$	\$	\$	\$
	(b) (4)			

2. The period covered by center's most recent 12-month budget/annual report is from 01/01/2016 (mm/dd/yyyy) to 12/31/2016 (mm/dd/yyyy):

- Total Income for period covered above: \$ (b) (4)
- Total Expenses for Director/Staff Salaries and Benefits for period covered above: \$ (b) (4)
- **Total Center Expenses including salaries and benefits for period covered above: \$ (b) (4)**

Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

SECTION C-2: TUITION ASSISTANCE

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is not a federal agency)

Federal Agencies Providing Tuition Subsidy	# of Children Receiving Subsidy
(b) (4)	

2. Tuition Assistance

Between 01/01/2016 and 01/01/2017 (Need not have been continual during this period.)	# of Federal	# of Non-Federal	Total
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2016 and 01/01/2017	(b) (4)	(4)	
Number of children provided tuition assistance through the center's tuition assistance program 01/01/2016 and 01/01/2017			
Number of children provided tuition assistance through the board's tuition assistance program 01/01/2016 and 01/01/2017			

3. How many **Military Children** received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

(b) (4)

4. Center & Board Tuition Assistance

Funds Received		CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds received from the following sources between 01/01/2016 and 01/01/2017	Center	(b) (4)				
	Board					

Funds Distributed		CFC	Recycle Funding	Fundraising	Grants	Total
Total amount of tuition assistance funds distributed	Center	(b) (4)				

from the
following
sources
between
01/01/2016
and
01/01/2017

Board

(b) (4)

SECTION D-1: GENERAL STAFF INFORMATION

- DIRECTOR

Director's Experience in Administration:

(b) (4) years

Director's Experience in Early Childhood Education:

years

- STAFF TURNOVER, SALARIES & EDUCATION

1. How many total staff members have left the Center between 01/01/2016 and 01/01/2017 ? (b) (4) (this includes all staff: part time, full time, teachers, assistants and admin)

2. How many **teaching staff (only)** have left the Center between 01/01/2016 and 01/01/2017 ? (b) (4)

SECTION D-2: STAFF BENEFITS

Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	<input checked="" type="checkbox"/>	(b) (4) % of Premium	(b) (4)	(b) (4) % of Premium	(b) (4)

Paid Vacation Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4) Days Per Year	(b) (4)
Paid Sick Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4) Days Per Year	(b) (4)
Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	<input checked="" type="checkbox"/>		(b) (4)	(b) (4)
Educational Benefits to Full Time Employee? (Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)	<input checked="" type="checkbox"/>	(b) (4) Dollars Per Year	(b) (4) Dollars Per Year	(b) (4)
Paid Planning time?(Other than nap time)	<input checked="" type="checkbox"/>	(b) (4) Hours per year	(b) (4) Hours per year	(b) (4)
If there is other Benefits Offered, please specify: (b) (4)				

SECTION D-3: STAFF LIST

In the table below, please list all staff as of 01/01/2017. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these position titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Higest Education Level	Hourly Rate(\$) (<=\$100)
(b) (4)					

(b) (4)

SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

• ACCREDITATION

1. Is the Center accredited? ☒ Yes ☐ NO

2. What is the Center's Accreditation Expiration Date? 09/01/2018  (mm/dd/yyyy)

3. What is your NAEYC center ID number? 120195

4. Eligible for accreditation? ☒ Yes ☐ NO

5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs? ☒ Yes ☐ NO ☐ NA

6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,

Program Name EXCEL

Level 2

Highest Possible Level 5

• INSURANCE

7. What is the aggregate total of the comprehensive liability insurance for your center? \$ (b) (4)

8. Do children have accident protection insurance at the Center? ☒ Yes ☐ NO

• LOCAL LICENSING

9. Who licenses your center? Specify State/City/County: MD ST DHR

10. On what date does this license expire? 05/09/2017 (mm/dd/yyyy)

11. Date of last licensing visit? 05/05/2016 (mm/dd/yyyy)

SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 01/01/2017? (b) (4)
2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?

(b) (4)

If yes, please explain:

(b) (4)

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

(b) (4)

4. If yes for Question 3, Please list Changes.

(b) (4)

SECTION E-3: SERVICES & CENTER MEALS

1. Check below the programs you are offering in your center.

☐

Back Up/Emergency

☒

Summer Program for school-agers

☐

Before/After School

☒

State (or local government)-approved Kindergarten

☐ Moderately Sick Child Care ☐ Other Programs

If **other** special programs are offered by your center, please specify.

2. Check what meal, snacks and services are INCLUDED in tuition:

☐ Breakfast ☒ Morning Snack ☐ Lunch
☒ Afternoon Snack ☐ Diapers ☐ Other Services

If **other** services are provided, please specify.

3. Are meals catered? ☐ Yes ☒ NO ☐ N/A

4. If meals are NOT catered, do you prepare meals on-site? ☐ Yes ☒ NO

5. Do parents provide lunch? ☒ Yes ☐ NO

6. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program?

☐ Yes ☒ NO

7. If yes to Question 6, what is the annual reimbursement amount? \$

SECTION E-4: EMERGENCY PLANNING

1. Between 01/01/2016 and 01/01/2017, how many did you have of the following:

- Fire drills? (b) (4)
- Evacuation drills to your remote evacuation site? (b) (4)

- Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)? (b) (4)
- Actual evacuations? (b) (4)

2.Date your Occupancy Emergency Plan (OEP) was last updated? 12/08/2015 (mm/dd/yyyy)

SECTION E-5: GSA Training Opportunities

1. What training topics would the board of directors, the provider, and the staff be most interested in attending?
(Please limit your answer to 1000 charaters!)

(b) (4)

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2018 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11

Center #: 15

SECTION A: CENTER ORGANIZATION

1. Center Name: GREENWOOD PRESCHOOL

2. Mailing Address

Street: 6525 Belcrest Road, G-90

3. City: Hyattsville

4. State: MD Zip: 20782

5. Telephone: 3014584860 Fax: (301) 458-4863

6. E-mail address: greenwoodschooldmd@verizon.net

7. Center website: www.greenwoodschooldmd.org

8. Center Management/Corporate Name: Greenwood School, Inc.

9. The Provider is (pick one): 3. Independent for-profit organization (local or regional company) ▼

10. What date did the **Current Provider** begin operations at this child care center? 9/1/1987 (mm/dd/yyyy)

11. Center Director's Name: (b) (6)

12. Current Center Director's starting date as the Director at this child care center: 9/1/1987 (mm/dd/yyyy)

SECTION B-1: DAILY OPERATIONS

1. Operating Hours, center is open from a.m. to p.m. Time format: (HH:MM)
2. Total open hours a day: 10 Hours and 30 Minutes (*System Calculated*)
3. Ages accepted at this time (do not show ages for programs not operating on 12/31/2017, e.g., summer program for school-agers) (answer in months):
 - A. YOUNGEST: months
 - B. OLDEST: months
4. How many days per year is the center closed in addition to 10 Federal Holidays ?

If you have additional days please provide an explanation:

Classroom preparation, deep cleaning, Winter Break

SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2017

1. GSA/NAEYC capacity:
2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
(b) (4)	2
	1
	8
	4
	3
	6
	1
	5

(b) (4)	1
	3
	3
	1
	1
	1
	3
	1
	3
	9
	4
	2
	2
	3
	2
	2
	2
	4
	2
	5
Total # of Children : 84	

3. Enrollment Figure Table:

Age Of Children	Total # of Spaces	Full Time Enrollment		Part Time Enrollment		# of Children in Waiting List		# of Vacancies
		Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	
Infants	(b) (4)							
Young Toddlers								
Older Toddlers								

Preschoolers	(b) (4)				
School-agers					
Sub Total	135	(b) (4)			2
Total		126	14	83	

SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly** Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children	Federal Weekly Rates		Non-Federal Weekly Rates	
	Full Time	Part Time	Full Time	Part Time
Infants	(b) (4)			
Young Toddlers				
Older Toddlers				
Pre-School				
Before and After School Care				
Kindergarten Full Time				

2. The period covered by center's most recent 12-month budget/annual report is

from 01/01/2017 (mm/dd/yyyy) to 12/31/2017 (mm/dd/yyyy):

- Total Income for period covered above: (b) (4)
 - Total Expenses for Director/Staff Salaries and Benefits for period covered above: (b) (4)
 - **Total Center Expenses including salaries and benefits for period covered above:** (b) (4)
- Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

SECTION C-2: ADDITIONAL FUNDING SUPPORT

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is not a federal agency)

Federal Agencies Providing Tuition Subsidy	# of Children Receiving Subsidy
(b) (4)	

2. Tuition Assistance

Between 01/01/2017 and 12/31/2017 (Need not have been continual during this period.)	# of Federal	# of Non- Federal	Total Children	Total Amount

Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2017 and 12/31/2017	(b) (4)			
Number of children provided tuition assistance through the center's tuition assistance program 01/01/2017 and 12/31/2017				
Number of children provided tuition assistance through the board's tuition assistance program 01/01/2017 and 12/31/2017				

3. How many **Military Children** received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

4. Additional Funding Support and Tuition Assistance- Provider and Board

Funds Received		CFC	Recycling Funds	Fundraising	Grants	Partnership	Other	Total
Total amount of support funds received from the following sources between 01/01/2017 and 12/31/2017	Provider	(b) (4)						
	Board							

Funds Distributed		CFC	Recycling Funds	Fundraising	Grants	Partnership	Other	Total
-------------------	--	-----	-----------------	-------------	--------	-------------	-------	-------

Total amount of tuition assistance funds distributed from the following sources between 01/01/2017 and 12/31/2017	Provider	(b) (4)
	Board	

SECTION D-1: GENERAL STAFF INFORMATION

- DIRECTOR

Director's Experience in Administration:

(b) (4)

years

Director's Experience in Early Childhood Education:

(b) (4)

years

- STAFF TURNOVER, SALARIES & EDUCATION

1. How many total staff members have left the Center between 01/01/2017 and 12/31/2017 ? (b) (4) (this includes all staff: part time, full time, teachers, assistants and admin)

2. How many **teaching staff (only)** have left the Center between 01/01/2017 and 12/31/2017 ? (b) (4)

SECTION D-2: STAFF BENEFITS

Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	<input checked="" type="checkbox"/>	(b) (4) % of Premium	(b) (4)	(b) (4) % of Premium	(b) (4)
Paid Vacation Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4)	(b) (4) Days Per Year	(b) (4)
Paid Sick Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4)	(b) (4) Days Per Year	(b) (4)
Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	<input checked="" type="checkbox"/>		(b) (4)		(b) (4)
Educational Benefits to Full Time Employee? (Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)	<input checked="" type="checkbox"/>	(b) (4) Dollars Per Year	(b) (4)	(b) (4) Dollars Per Year	(b) (4)
Paid Planning time?(Other than nap time)	<input checked="" type="checkbox"/>	(b) (4) Hours per year	(b) (4)	(b) (4) Hours per year	(b) (4)
If there is other Benefits Offered, please specify: (b) (4)					

SECTION D-3: STAFF LIST

In the table below, please list all staff as of 12/31/2017. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these position titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Highest Education Level	Hourly Rate(\$) (<=\$100)
(b) (4)					

(b) (4)

SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

• ACCREDITATION

1. Is the Center accredited? ☒ Yes ☐ NO

2. What is the Center's Accreditation Expiration Date? 09/01/2018  (mm/dd/yyyy)

3. What is your NAEYC center ID number? 120195

4. Eligible for accreditation? ☒ Yes ☐ NO

5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs? ☒ Yes ☐ NO ☐ NA

6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,

Program Name EXCELS

Level 2

Highest Possible Level 4

• INSURANCE

7. What is the aggregate total of the comprehensive liability insurance for your center?

(b) (4)

8. Do children have accident protection insurance at the Center? ☒ Yes ☐ NO

- **LOCAL LICENSING**

9. Who licenses your center? Specify State/City/County: MD State DHR

10. On what date does this license expire? 08/09/2018 (mm/dd/yyyy)

11. Date of last licensing visit? 05/25/2017 (mm/dd/yyyy)

SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 12/31/2017? (b) (4)

2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?

(b) (4)

If yes, please explain:

(b) (4)

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

(b) (4)

4. If yes for Question 3, Please list Changes.

(b) (4)

SECTION E-3: SERVICES & CENTER MEALS

1. Check below the programs you are offering in your center.

☐

Back Up/Emergency

☒

Summer Program for school-agers

- ☐ Before/After School
 ☒ State (or local government)-approved Kindergarten
- ☐ Moderately Sick Child Care
 ☐ Other Programs

If **other** special programs are offered by your center, please specify.

2. Check what meal, snacks and services are INCLUDED in tuition:

- ☐ Breakfast
 ☒ Morning Snack
 ☐ Lunch
- ☒ Afternoon Snack
 ☐ Diapers
 ☐ Other Services

If **other** services are provided, please specify.

3. Are meals catered? ☐ Yes ☒ NO ☐ N/A

4. If meals are NOT catered, do you prepare meals on-site? ☐ Yes ☒ NO

5. Do parents provide lunch? ☒ Yes ☐ NO

6. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program?

☐ Yes ☒ NO

7. If yes to Question 6, what is the annual reimbursement amount? \$

0

SECTION E-4: EMERGENCY PLANNING

1. Between 01/01/2017 and 12/31/2017, how many did you have of the following:

- Fire drills?

(b) (4)

- Evacuation drills to your remote evacuation site? (b) (4)
- Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)? (b) (4)
- Actual evacuations? (b) (4)

2. Date your Occupancy Emergency Plan (OEP) was last updated? 11/15/2017 (mm/dd/yyyy)

SECTION E-5: GSA Training Opportunities

1. What training topics would the board of directors, the provider, and the staff be most interested in attending?

(Please limit your answer to 1000 characters!)

(b) (4)

[Sign Out \(Logout.aspx\)](#)

2018 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11

Center #: 15

SECTION A: CENTER ORGANIZATION

1. Center Name: GREENWOOD SCHOOL INC.
2. Mailing Address
Street: 6525 BELCREST ROAD, ROOM G-80/G-90
3. City: Hyattsville
4. State: MD Zip: 20782
5. Telephone: (301) 458-4860 Fax: (301) 458-4863
6. E-mail address: greenwoodschoollmd@verizon.net
7. Center website: www.greenwoodschoollmd.org
8. Center Management/Corporate Name: Greenwood School Inc.
9. The Provider is (pick one): 3. Independent for-profit organization (local or regional company)
10. What date did **the Current Provider** begin operations at this child care center? 9/1/1987
(mm/dd/yyyy)
11. Center Director's Name: (b) (6)
12. Current Center Director's starting date as the Director at this child care center:
9/1/1987 (mm/dd/yyyy)

SECTION B-1: DAILY OPERATIONS

1. Operating Hours, center is open from 7:30 a.m. to 6:00 p.m. Time format: (HH:MM)
2. Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
3. Ages accepted at this time (do not show ages for programs not operating on **12/31/2018**, e.g., summer program for school-agers) (answer in months):
 - A. YOUNGEST: 3 months
 - B. OLDEST: 72 months
4. How many days per year is the center closed **in addition to 10 Federal Holidays** ? 12
If you have additional days please provide an explanation:
Classroom preparation, deep cleaning, winter break

SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2018

1. GSA/NAEYC capacity: 135
2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
(b) (4)	2
	3
	2
	1
	4
	1
	1
	2
	1
	1
	1
	6
	4
	1
	7
	2
	3
	1
	2
	2
	1
	1
	2
	1
	1
	2
Total # of Children :	
56	

3. Enrollment Figure Table:

Age Of Children	Total # of Spaces	Full Time Enrollment		Part Time Enrollment		# of Children in Waiting List		# of Vacancies
		Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	
Infants	(b) (4)							
Young Toddlers								
Older Toddlers								
Preschoolers								
School-agers								
Sub Total	135	(b) (4)						13
Total		105		34		87		

SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly** Tuition Rates? (*If it is a monthly rate multiply by 12 months and divide by 52*)

% Age of Children	Federal Weekly Rates		Non-Federal Weekly Rates	
	Full Time	Part Time	Full Time	Part Time
Infants	(b) (4)			
Young Toddlers				
Older Toddlers				
Pre-School				
Before and After School Care				
Kindergarten Full Time				

2. The period covered by center's most recent 12-month budget/annual report is from (mm/dd/yyyy) to (mm/dd/yyyy):
- o Total Income for period covered above:
 - o Total Expenses for Director/Staff Salaries and Benefits for period covered above:
 - o **Total Center Expenses including salaries and benefits for period covered above:**

Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

SECTION C-2: TUITION ASSISTANCE

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)

Federal Agencies Providing Tuition Subsidy	# of Children Receiving Subsidy
(b) (4)	

2. Tuition Assistance

Between 01/01/2018 and 12/31/2018 (Need not have been continual during this period.)	# of Federal	# of Non-Federal	Total Children	Total Amount
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2018 and 12/31/2018	(b) (4)			
Number of children provided tuition assistance through the center's or board's tuition assistance program 01/01/2018 and 12/31/2018				
Number of children provided tuition assistance through the center or board's tuition assistance program 01/01/2018 and 12/31/2018				

- 3.

4. How many **Military Children** received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

5. Additional Funding Support and Tuition Assistance- Provider and Board

Funds Received		CFC	Recycle Funding	Fundraising	Grants	Partnership	Other	Total
Total amount of tuition assistance funds received from the following sources between 01/01/2018 and 12/31/2018	Provider	(b) (4)						
	Board							

6.

Funds Distributed		CFC	Recycle Funding	Fundraising	Grants	Partnership	Other	Total
Total amount of tuition assistance funds distributed from the following sources between 01/01/2018 and 12/31/2018	Provider	(b) (4)						
	Board							

SECTION D-1: GENERAL STAFF INFORMATION

- DIRECTOR

Director's Experience in Administration: (b) (4) years

Director's Experience in Early Childhood Education: (b) (4) years

- STAFF TURNOVER, SALARIES & EDUCATION

1. How many total staff members have left the Center between 01/01/2018 and 12/31/2018 ? (b) (4) this includes all staff: part time, full time, teachers, assistants and admin)
2. How many **teaching staff (only)** have left the Center between 01/01/2018 and 12/31/2018 ? (b) (4)

SECTION D-2: STAFF BENEFITS

Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	[X]	(b) (4)			
Paid Vacation Leave?	[X]				
Paid Sick Leave?	[X]				
Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	[X]				
Educational Benefits to Full Time Employee? (Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)	[X]				
Paid Planning time?(Other than nap time)	[X]				
If there is other Benefits Offered, please specify:		(b) (4)			

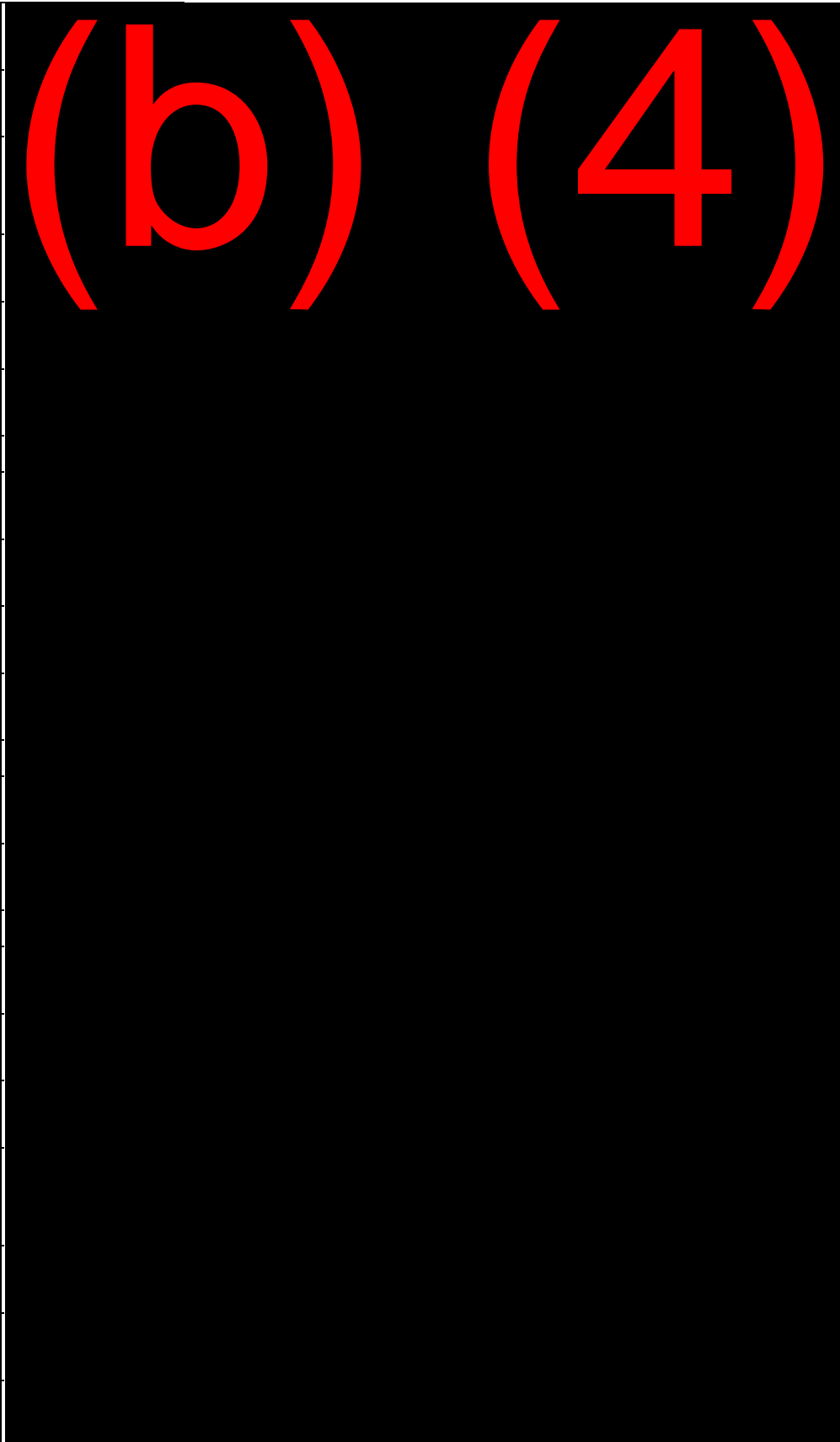
SECTION D-3: STAFF LIST

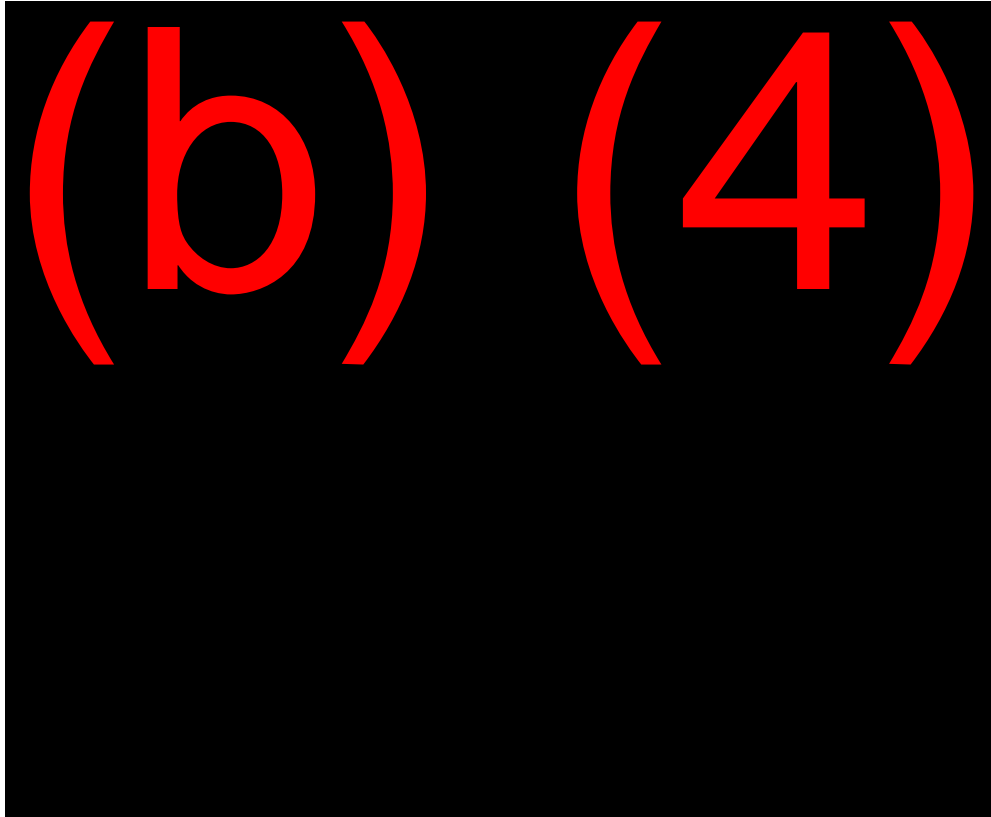
In the table below, please list all staff as of 12/31/2018. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these position titles seem to fit please use *Other*.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Highest Education Level	Hourly Rate(\$) (<=\$100)
(b) (4)					

(b) (4)





SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

- **ACCREDITATION**

1. Is the Center accredited?

2. What is the Center's Accreditation Expiration Date? (mm/dd/yyyy)

3. What is your NAEYC center ID number?

-

4. Eligible for accreditation?

5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs?

6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,

Program Name Level Highest Possible Level

• **INSURANCE**

7. What is the aggregate total of the comprehensive liability insurance for your center? (b) (4)

8. Do children have accident protection insurance at the Center?

• **LOCAL LICENSING**

9. Who licenses your center? Specify State/City/County:

10. On what date does this license expire? (mm/dd/yyyy)

11. Date of last licensing visit? (mm/dd/yyyy)

SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 12/31/2018? (b) (4)

2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?

(b) (4)

If yes, please explain:

(b) (4)

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

(b) (4)

4. If yes for Question 3, Please list Changes.

(b) (4)

SECTION E-3: SERVICES & CENTER MEALS

1. Check below the programs you are offering in your center.

<input type="checkbox"/>	Back Up/Emergency	<input checked="" type="checkbox"/>	Summer Program for school-agers
<input type="checkbox"/>	Before/After School	<input checked="" type="checkbox"/>	State (or local government)-approved Kindergarte
<input type="checkbox"/>		<input type="checkbox"/>	Other Programs

2. If **other** special programs are offered by your center, please specify.

3. Check what meal, snacks and services are INCLUDED in tuition:

<input checked="" type="checkbox"/>	Breakfast	<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>	Lunch
-------------------------------------	-----------	--------------------------	---------------	--------------------------	-------

<input checked="" type="checkbox"/>	Afternoon Snack	<input type="checkbox"/>	Diapers	<input type="checkbox"/>	Other Services
-------------------------------------	-----------------	--------------------------	---------	--------------------------	----------------

4. If **other** services are provided, please specify.

5. Are meals catered?

6. If meals are NOT catered, do you prepare meals on-site?

7. Do parents provide lunch?

8. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program?

9. If yes to Question 6, what is the annual reimbursement amount? \$

SECTION E-4: EMERGENCY PLANNING

1. Between 01/01/2018 and 12/31/2018, how many did you have of the following:

- Fire drills? (b) (4)
- Evacuation drills to your remote evacuation site? (b) (4)
- Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)? (b) (4)
- Actual evacuations? (b) (4)

2. Date your Occupancy Emergency Plan (OEP) was last updated? (mm/dd/yyyy)

SECTION E-5: GSA Training Opportunities

1. What training topics would the board of directors, the provider, and the staff be most interested in attending?

(Please limit your answer to 1000 characters!)

(b) (4)

2020 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11

Center #: 15

SECTION A: CENTER ORGANIZATION

1. Center Name: Georgetown Hill Early School @ Greenwood Campus

2. Mailing Address

Street: 6525 BELCREST ROAD, ROOM G-80

3. City: HYATTSVILLE

4. State: MD Zip: 20782

5. Telephone: (301) 458-4860 Fax: (301) 458-4863

6. E-mail address: greenwood@georgetownhill.com

7. Center website: www.greenwoodschooldmd.org

8. Center Management/Corporate Name: Georgetown Hill Early School

9. The Provider is (pick one): 4. Independent not-for-profit organization (local or regional organization) ▼

10. What date did the Current Provider begin operations at this child care center? 6/1/2019 (mm/dd/yyyy)

11. Center Director's Name: (b) (6)

12. Current Center Director's starting date as the Director at this child care center: (mm/dd/yyyy)

SECTION B-1: DAILY OPERATIONS

- Operating Hours, center is open from a.m. to p.m. Time format: (HH:MM)
- Total open hours a day: 10 Hours and 30 Minutes (System Calculated)
- Ages accepted at this time (do not show ages for programs not operating on 12/31/2019, e.g., summer program for school-agers) (answer in months):
 - YOUNGEST: months
 - OLDEST: months
- How many days per year is the center closed in addition to 10 Federal Holidays ?

If you have additional days please provide an explanation:

Classroom preparation, Deep Cleaning, and Winter Break.

SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2019

- GSA/NAEYC capacity:
- Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
(b) (4)	5
	2
	3
	7

(b) (4)	2
	8
	5
	2
	1
	5
	1
	2
	1
	2
	4
	1
	2
	2
	3
	2
	1
	1
	1
	1
Total # of Children : 64	

3. Enrollment Figure Table:

Age Of Children	Total # of Spaces	Full Time Enrollment		Part Time Enrollment		# of Children in Waiting List		# of Vacancies
		Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	
Infants	(b) (4)							
Young Toddlers								
Older Toddlers								

Preschoolers	(b) (4)				
School-agers					
Sub Total	135	(b) (4)			
Total		110	19	128	16

SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your Weekly Tuition Rates? (If it is a monthly rate multiply by 12 months and divide by 52)

Age of Children	Federal Weekly Rates		Non-Federal Weekly Rates	
	Full Time	Part Time	Full Time	Part Time
Infants	(b) (4)			
Young Toddlers				
Older Toddlers				
Pre-School				
Before and After School Care				

Kindergarten Full Time	(b) (4)
------------------------	---------

2. The period covered by center's most recent 12-month budget/annual report is from (mm/dd/yyyy) to (mm/dd/yyyy):

- Total Income for period covered above: (b) (4)
 - Total Expenses for Director/Staff Salaries and Benefits for period covered above: (b) (4)
 - Total Center Expenses including salaries and benefits for period covered above: (b) (4)
- Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

SECTION C-2: ADDITIONAL FUNDING SUPPORT

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)

Federal Agencies Providing Tuition Subsidy	# of Children Receiving Subsidy
(b) (4)	

2. Tuition Assistance

Between 01/01/2019 and 12/31/2019 (Need not have been continual during this period.)	# of Federal	# of Non- Federal	Total Children	Total Amount
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2019 and 12/31/2019	(b) (4)			
Number of children provided tuition assistance through the center's tuition assistance program 01/01/2019 and 12/31/2019				

Number of children provided tuition assistance through the board's tuition assistance program 01/01/2019 and 12/31/2019	(b) (4)
---	---------

3. How many **Military Children** received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

4. **Additional Funding Support and Tuition Assistance- Provider and Board**

Funds Received		CFC	Recycling Funds	Fundraising	Grants	Partnership	Other	Total
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Total amount of support funds received from the following sources between 01/01/2019 and 12/31/2019	Provider	(b) (4)
	Board	

Funds Distributed		CFC	Recycling Funds	Fundraising	Grants	Partnership	Other	Total
Total amount of tuition assistance funds distributed from the following sources between 01/01/2019 and 12/31/2019	Provider	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)
	Board							

SECTION D-1: GENERAL STAFF INFORMATION

- DIRECTOR**

Director's Experience in Administration:

(b) (4) years

Director's Experience in Early Childhood Education:

(b) (4) years

- STAFF TURNOVER, SALARIES & EDUCATION**

1. How many total staff members have left the Center between 01/01/2019 and 12/31/2019 ? (b) (4) (this includes all staff: part time, full time, teachers, assistants and admin)
2. How many **teaching staff (only)** have left the Center between 01/01/2019 and 12/31/2019 ? (b) (4)

SECTION D-2: STAFF BENEFITS

Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	<input checked="" type="checkbox"/>	(b) (4) % of Premium	(b) (4)	(b) (4) % of Premium	(b) (4)
Paid Vacation Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4)	(b) (4) Days Per Year	(b) (4)
Paid Sick Leave?	<input checked="" type="checkbox"/>	(b) (4) Days Per Year	(b) (4)	(b) (4) Days Per Year	(b) (4)
Retirement Plan? (Do not consider the Federal Social Security System as a Center retirement plan.)	<input checked="" type="checkbox"/>		(b) (4)		(b) (4)

Educational Benefits to Full Time Employee? <i>(Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)</i>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">(b) (4)</div> Dollars Per Year	<div style="background-color: black; color: red; font-weight: bold; text-align: center;">(b) (4)</div>	<div style="border: 1px solid black; padding: 2px;">(b) (4)</div> Dollars Per Year	<div style="background-color: black; color: red; font-weight: bold; text-align: center;">(b) (4)</div>
Paid Planning time? <i>(Other than nap time)</i>	<input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">(b) (4)</div> Hours per year	<div style="background-color: black; color: red; font-weight: bold; text-align: center;">(b) (4)</div>	<div style="border: 1px solid black; padding: 2px;">(b) (4)</div> Hours per year	<div style="background-color: black; color: red; font-weight: bold; text-align: center;">(b) (4)</div>
If there is other Benefits Offered, please specify: <div style="background-color: black; color: red; font-weight: bold; text-align: center; padding: 10px;">(b) (4)</div>					

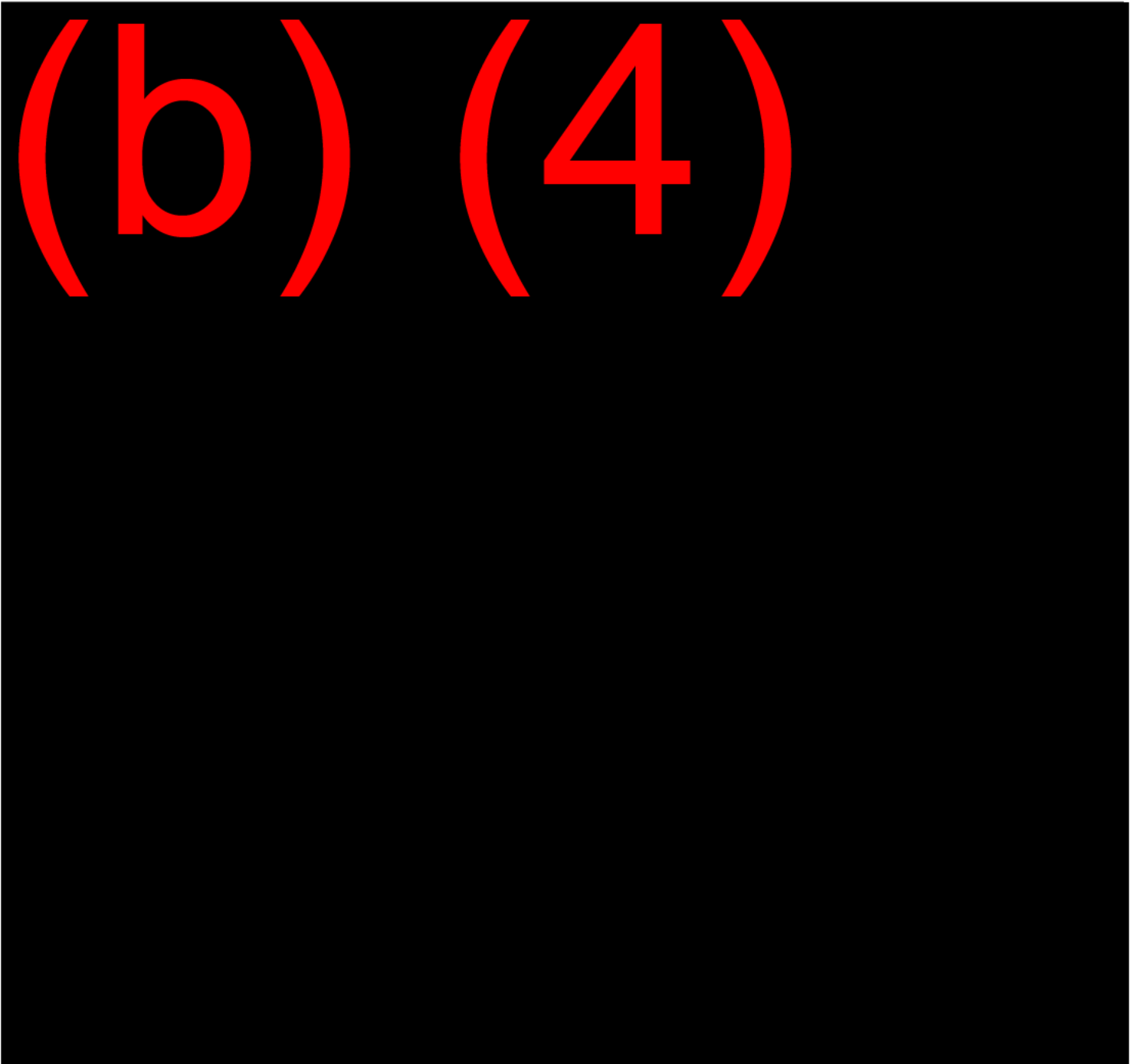
SECTION D-3: STAFF LIST

In the table below, please list all staff as of 12/31/2019. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these position titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Highest Education Level	Hourly Rate(\$) (≤\$100)
(b) (4)					

(b) (4)



(b) (4)

SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

• ACCREDITATION

1. Is the Center accredited? ☒ Yes ☐ NO

2. What is the Center's Accreditation Expiration Date? 10/01/2023 (mm/dd/yyyy)

3. What is your NAEYC center ID number? 120195

4. Eligible for accreditation? ☐ Yes ☒ NO

5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs? ☒ Yes ☐ NO ☐ NA

6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,

Program Name Level Highest Possible Level

• INSURANCE

7. What is the aggregate total of the comprehensive liability insurance for your center?

(b) (4)

8. Do children have accident protection insurance at the Center? ☒ Yes ☐ NO

• LOCAL LICENSING

9. Who licenses your center? Specify State/City/County: Maryland DHR

10. On what date does this license expire? 07/01/2020 (mm/dd/yyyy)

11. Date of last licensing visit? 12/19/2019 (mm/dd/yyyy)

SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 12/31/2019?

(b) (4)

2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?

(b) (4)

If yes, please explain:

(b) (4)

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

(b) (4)

4. If yes for Question 3, Please list Changes.

(b) (4)

SECTION E-3: SERVICES & CENTER MEALS

1. Check below the programs you are offering in your center.

☐

Back Up/Emergency

☒

Summer Program for school-agers

☐

Before/After School

☒

State (or local government)-approved Kindergarten

☐

Other Programs

If **other** special programs are offered by your center, please specify.

2. Check what meal, snacks and services are INCLUDED in tuition:

<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch
<input checked="" type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Diapers	<input type="checkbox"/> Other Services

If **other** services are provided, please specify.

3. Are meals catered? ☐ Yes ☒ NO ☐ N/A

4. If meals are NOT catered, do you prepare meals on-site? ☐ Yes ☒ NO

5. Do parents provide lunch? ☒ Yes ☐ NO

6. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program?

☐ Yes ☒ NO

7. If yes to Question 6, what is the annual reimbursement amount? \$

SECTION E-4: EMERGENCY PLANNING

1. Between 01/01/2019 and 12/31/2019, how many did you have of the following:

- Fire drills? (b) (4)
- Evacuation drills to your remote evacuation site? (b) (4)
- Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)? (b) (4)

- Actual evacuations? (b) (4)

2.Date your Occupancy Emergency Plan (OEP) was last updated? 11/19/2019 (mm/dd/yyyy)

[Sign Out \(Logout.aspx\)](#)

2021 SURVEY FOR CHILD CARE CENTERS

OMB# 3090-0163

Region: 11

Center #: 15

SECTION A: CENTER ORGANIZATION

1. Center Name:
2. Mailing Address
Street:
3. City:
4. State: Zip:
5. Telephone: Fax:
6. E-mail address:
7. Center website:
8. Center Management/Corporate Name:
9. The Provider is (pick one):
10. What date did **the Current Provider** begin operations at this child care center?
(mm/dd/yyyy)
11. Center Director's Name:
12. Current Center Director's starting date as the Director at this child care center:
(mm/dd/yyyy)

SECTION B-1: DAILY OPERATIONS

1. Operating Hours, center is open from a.m. to p.m. Time format: (HH:MM)
2. Total open hours a day: (System Calculated)
3. Ages accepted at this time (do not show ages for programs not operating on **12/31/2020**, e.g., summer program for school-agers) (answer in months):
 - A. YOUNGEST: months
 - B. OLDEST: months
4. How many days per year is the center closed **in addition to 10 Federal Holidays** ?
If you have additional days please provide an explanation:

SECTION B-2: ENROLLMENT FIGURES AS OF 12/31/2020

1. GSA/NAEYC capacity: 104
2. Of the federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

Agency Name	# of Children
(b) (4)	3
	3
	2
	1
	2
	3
	1
	2
	3
	2
	2
	2
	1
	1
	1
	2
	1
	1
	2
	1
	1
	1
Total # of Children : 38	

3. Enrollment Figure Table:

Age Of Children	Total # of Spaces	Full Time Enrollment	Part Time Enrollment	# of Children in Waiting List	# of Vacancies
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		Fed	Non-Fed	Fed	Non-Fed	Fed	Non-Fed	
Infants	(b) (4)							
Young Toddlers								
Older Toddlers								
Preschoolers								
School-agers								
Sub Total	104	(b) (4)						20
Total		84		0		64		

SECTION C-1: WEEKLY TUITION & CENTER OPERATING FUND

1. What are your **Weekly Tuition Rates?** (*If it is a monthly rate multiply by 12 months and divide by 52*)

% Age of Children	Federal Weekly Rates		Non-Federal Weekly Rates	
	Full Time	Part Time	Full Time	Part Time
Infants	(b) (4)			
Young Toddlers				
Older Toddlers				
Pre-School				
Before and After School Care				
Kindergarten Full Time				

2. The period covered by center's most recent 12-month budget/annual report is from (mm/dd/yyyy) to (mm/dd/yyyy):
 - o Total Income for period covered above: (b) (4)
 - o Total Expenses for Director/Staff Salaries and Benefits for period covered above: (b) (4)
 - o **Total Center Expenses including salaries and benefits for period covered above:** (b) (4)
 Staff salaries and benefits represents (b) (4) (System Calculated) of your total expenses.

SECTION C-2: TUITION ASSISTANCE

1. Please list the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: (Federal Employee Education and Assistance (FEEA) is **not** a federal agency)

Federal Agencies Providing Tuition Subsidy	# of Children Receiving Subsidy
--	---------------------------------

2. Tuition Assistance

Between 01/01/2020 and 12/31/2020 (Need not have been continual during this period.)	# of Federal	# of Non-Federal	Total Children	Total Amount
Number of children funded in whole or in part by your local voucher subsidy program (city, county, state, block grant) 01/01/2020 and 12/31/2020	(b) (4)			
Number of children provided tuition assistance through the center's or board's tuition assistance program 01/01/2020 and 12/31/2020				
Number of children provided tuition assistance through the center or board's tuition assistance program 01/01/2020 and 12/31/2020				

3.

4. How many **Military Children** received tuition assistance?

Branch of Service	Federal Number of Children
(b) (4)	

5. Additional Funding Support and Tuition Assistance- Provider and Board

Funds Received		CFC	Recycle Funding	Fundraising	Grants	Partnership	Other	Total
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Total amount of tuition assistance funds received from the following sources between 01/01/2020 and 12/31/2020	Provider	(b) (4)
	Board	

6.

Funds Distributed		CFC	Recycle Funding	Fundraising	Grants	Partnership	Other	Total
Total amount of tuition assistance funds distributed from the following sources between 01/01/2020 and 12/31/2020	Provider	(b) (4)						
	Board							

SECTION D-1: GENERAL STAFF INFORMATION

- DIRECTOR

Director's Experience in Administration: (b) (4) years

Director's Experience in Early Childhood Education: (b) (4) years

-
- STAFF TURNOVER, SALARIES & EDUCATION

1. How many total staff members have left the Center between 01/01/2020 and 12/31/2020 ? (b) (4) (this includes all staff: part time, full time, teachers, assistants and admin)
2. How many **teaching staff (only)** have left the Center between 01/01/2020 and 12/31/2020 ? (b) (4)

SECTION D-2: STAFF BENEFITS

Does your center offer the following type of benefit ?	Is Offered	FT Benefit Details/ Employer Contributions	Full Time Employees	PT Benefit Details/ Employer Contributions	Part Time Employees
Health Coverage?	[X]	(b) (4)			
Paid Vacation Leave?	[X]				
Paid Sick Leave?	[X]				
Retirement Plan? <i>(Do not consider the Federal Social Security System as a Center retirement plan.)</i>	[X]				
Educational Benefits to Full Time Employee? <i>(Such as Tuition Reimbursement, CDA Course Tuition Assistance, etc.)</i>	[X]				
Paid Planning time? <i>(Other than nap time)</i>	[X]				
If there is other Benefits Offered, please specify:		(b) (4)			

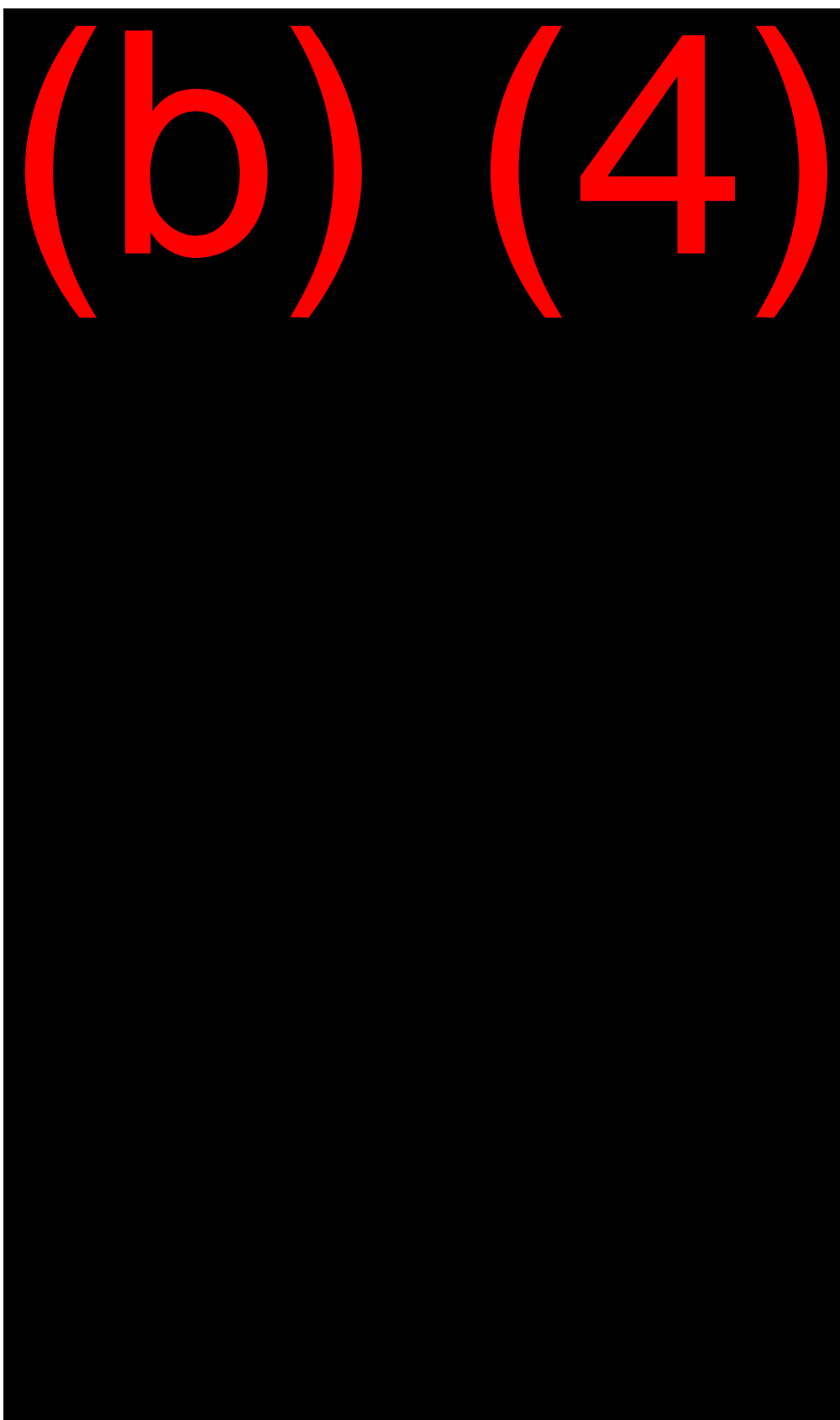
SECTION D-3: STAFF LIST

In the table below, please list all staff as of 12/31/2020. Please indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary.

- Please use hourly rates and include typical weekly hours worked.
- If none of these position titles seem to fit please use Other.
- If you have an annual salary regardless of position/hours, divide the annual salary by 2080 hours.
- If a position is currently vacant please fill in the information for the typical candidate you would hire and place a checkbox in the first column.
- All staff on the payroll should be listed, regardless of position in the Center.

Position Title	Is Position on Vacant?	Staff Init	Is FT or PT?	Highest Education Level	Hourly Rate(\$) (<=\$100)
(b) (4)					

(b) (4)



(b) (4)

SECTION E-1: ACCREDITATION, INSURANCE AND LOCAL LICENSING

- **ACCREDITATION**

1. Is the Center accredited?

2. What is the Center's Accreditation Expiration Date? (mm/dd/yyyy)

3. What is your NAEYC center ID number?

-

4. Eligible for accreditation?

5. Does your child care center participate in the state licensing quality program i.e., QRIS/Stars or other programs?

6. If your answer is yes, please enter the name of program that your center is participating in and your level ie. 3 out of 4 stars,

Program Name Level Highest Possible Level

- **INSURANCE**

7. What is the aggregate total of the comprehensive liability insurance for your center?

8. Do children have accident protection insurance at the Center?

- **LOCAL LICENSING**

9. Who licenses your center? Specify State/City/County:

10. On what date does this license expire? (mm/dd/yyyy)

11. Date of last licensing visit? (mm/dd/yyyy)

SECTION E-2: SPECIAL NEEDS CHILDREN

1. How many children with special needs are enrolled in your center as of 12/31/2020? (b) (4)
2. In the past year, have you had to turn down acceptance/remove a special needs child because the facility or program was unable to accommodate him/her?

(b) (4)

If yes, please explain:

(b) (4)

3. If YES to Question 2, have you since made structural or programmatic changes at your center to accommodate special needs children?

(b) (4)

4. If yes for Question 3, Please list Changes.

(b) (4)

SECTION E-3: SERVICES & CENTER MEALS

1. Check below the programs you are offering in your center.

<input type="checkbox"/>	Back Up/Emergency	<input type="checkbox"/>	Summer Program for school-agers
<input type="checkbox"/>	Before/After School	<input checked="" type="checkbox"/>	State (or local government)-approved Kindergarte
		<input type="checkbox"/>	Other Programs

2. *If **other** special programs are offered by your center, please specify.*

3. Check what meal, snacks and services are INCLUDED in tuition:

<input checked="" type="checkbox"/>	Breakfast	<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>	Lunch
<input checked="" type="checkbox"/>	Afternoon Snack	<input type="checkbox"/>	Diapers	<input type="checkbox"/>	Other Services

4. *If **other** services are provided, please specify.*

5. Are meals catered?

6. If meals are NOT catered, do you prepare meals on-site?

7. Do parents provide lunch?

8. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program?

9. If yes to Question 6, what is the annual reimbursement amount? \$ 0

SECTION E-4: EMERGENCY PLANNING

1. Between 01/01/2020 and 12/31/2020, how many did you have of the following:

- Fire drills? (b)(4)
- Evacuation drills to your remote evacuation site? (b)(4)
- Other Emergency drills (tornado, earthquake, shelter-in-place, active shooter)? (b)(4)
- Actual evacuations? (b)(4)

2. Date your Occupancy Emergency Plan (OEP) was last updated? 11/13/0020 (mm/dd/yyyy)

SECTION E-5: GSA Training Opportunities

1. What training topics would the board of directors, the provider, and the staff be most interested in attending?
(Please limit your answer to 1000 characters!)